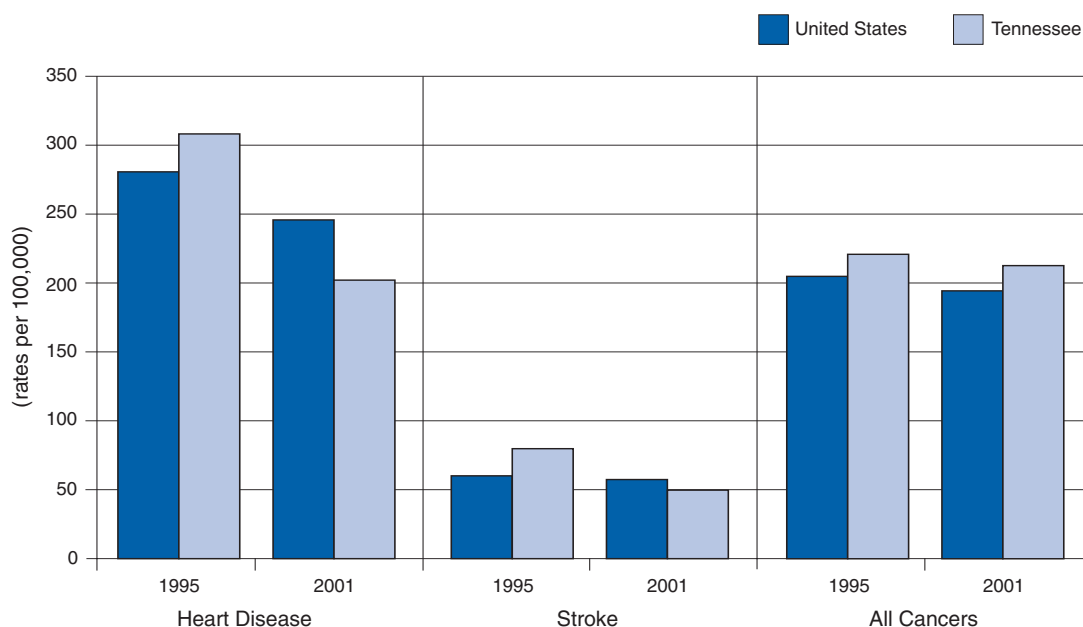


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Tennessee, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

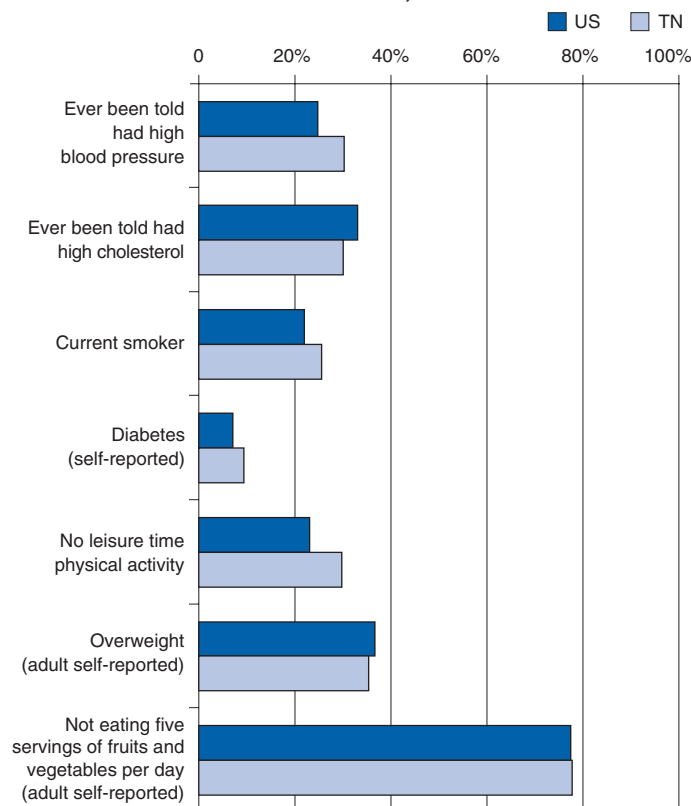
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Tennessee, accounting for 15,688 deaths or approximately 28% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 4,037 deaths or approximately 7% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 12,710 are expected in Tennessee. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 30,850 new cases that are likely to be diagnosed in Tennessee.

Estimated Cancer Deaths, 2004

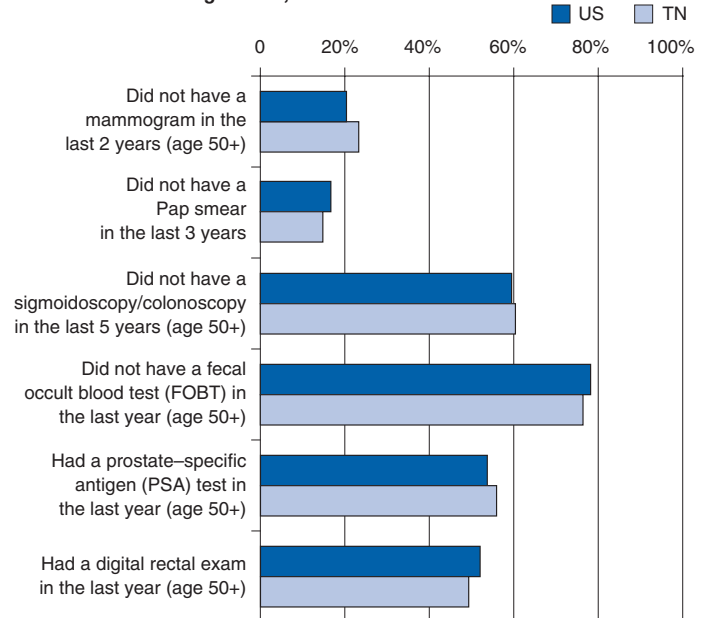
Cause of death	US	TN
All Cancers	563,700	12,710
Breast (female)	40,110	800
Colorectal	56,730	1,340
Lung and Bronchus	160,440	4,320
Prostate	29,900	590

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Tennessee's Chronic Disease Program Accomplishments

Examples of Tennessee's Prevention Successes

- Statistically significant decreases in cancer deaths among men of all races, most notably among African American men (425.0 per 100,000 in 1990, 392.3 per 100,000 in 2000).
- A 21.3% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 44.6% in 1992 to 23.3% in 2002).
- Lower prevalence rates than the corresponding national rates for women older than age 18 who reported not having had a Pap smear in the last 3 years (14.8% in Tennessee, 16.7% nationally) and for individuals who were told by a doctor that they had high blood cholesterol (30.1% in Tennessee, 33.1% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Tennessee in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Tennessee, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Tennessee BRFSS</i>	\$82,070
National Program of Cancer Registries <i>Tennessee Cancer Registry</i>	\$373,117
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program <i>Center for Stroke Care Excellence</i> <i>Count On Me! Heart Health is a Numbers Game Campaign</i> <i>Middle TN State University's Healthy Living Inventory</i>	\$300,000
Diabetes Control Program <i>Tennessee Diabetes Prevention and Control Coalition</i>	\$300,000
National Breast and Cervical Cancer Early Detection Program <i>Tennessee Department of Health Breast and Cervical Cancer Early Detection Program</i>	\$946,257
National Comprehensive Cancer Control Program <i>Comprehensive Cancer Control Program</i>	\$130,542
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Tennessee Health Promotion and Disease Prevention</i>	\$1,154,195
State Nutrition and Physical Activity/Obesity Prevention Program	\$0
Racial and Ethnic Approaches to Community Health (REACH 2010) <i>United South and Eastern Tribes, Inc.</i>	\$947,103
Total	\$4,233,284

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Tennessee that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Cardiovascular Disease

CDC mortality data from 2001 indicate that Tennessee had the 10th highest heart disease death rate in the nation and the 3rd highest stroke death rate. Cardiovascular disease (CVD), including heart disease and stroke, is the leading cause of death in Tennessee.

Tennessee's heart disease and stroke death rates are both above the national death rates for these diseases. According to CDC mortality data, from 1996 to 2000, the heart disease death rate in Tennessee was 607 per 100,000, compared with the national rate of 536 per 100,000. From 1991 to 1998, the stroke death rate in Tennessee was 156 per 100,000, compared with the national rate of 121 per 100,000.

Risk factors for heart disease and stroke include high blood pressure, high blood cholesterol, diabetes, obesity, and smoking. According to data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) for 2003, almost one third of adults in Tennessee had high blood pressure (30.3%), and almost one third had high blood cholesterol (30.1%). In addition, 9.4% had diabetes. More than one quarter of adults in Tennessee reported that they were current smokers in 2003 (25.6%). Data from the BRFSS for the same year indicate that more than half of the adults in Tennessee were overweight (36.8%) or obese (24.5%). In addition, approximately 80% of adults in Tennessee had one or more of these five risk factors.

Tennessee applied for and received funding from the CDC in 2001 to support a state heart disease and stroke prevention program. The Tennessee Cardiovascular Health Program seeks to lessen the burden of cardiovascular disease and improve the cardiovascular health of Tennesseans through changes in policy and environment. The program promotes heart healthy lifestyles and addresses individuals, targeted risk groups, and whole populations. One of the specific successes of the program has been its work with the Office of Minority Health—Regional Minority Health Coalitions to implement cardiovascular health awareness and health literacy projects for African American and Hispanic communities across Tennessee. In addition, the program allocates resources to sustain and expand partnerships between the state's Diabetes/Cardiovascular Health Disparities Collaboratives and Federally Funded Health Centers to improve the quality of care for persons with CVD.

Text adapted from *Tennessee Department of Health, Tennessee Cardiovascular Health Program* <http://www2.state.tn.us/health/healthpromotion/index.html>

Disparities in Health

African Americans, who comprise approximately 12% of the U.S. population experience disproportionate health disparities. African Americans have higher stroke mortality rates than other groups as well as higher prevalence of the risk factors for heart disease. Compared with other racial and ethnic minority groups, African Americans are more likely to develop lung, cervical, colorectal, and prostate cancer at disproportionate levels.

African Americans make up 18% of Tennessee's population. Heart disease is the leading cause of death for African Americans in Tennessee. In 2001, the state's total death rate for cardiovascular disease was 330 per 100,000. The CVD death rate for African American men was approximately 511 per 100,000 (compared with approximately 384 per 100,000 for white men). In 2001, the age-adjusted heart disease rate for African American men was 423 per 100,000, while the rate for white men was 347 per 100,000.

Of all other racial and ethnic groups in Tennessee, African Americans are more likely to be at risk for heart problems related to being overweight. African Americans also have the highest rate of obesity (36.8%) when compared with whites (23.2%) and Hispanics (24.1%).

African Americans in Tennessee also have higher rates of cancer death than whites. CDC mortality data from 2000 indicate that African American men had an overall cancer death rate of 392.3 per 100,000, compared with 278.1 per 100,000 for white men. African American women also have higher cancer death rates than white women. In 2000, the cancer death rate was 210.2 per 100,000 for African American women, compared with 169.8 for white women.

Other Disparities

- **Diabetes:** In Tennessee, the diabetes death rate for African American men rose from 17 per 100,000 in 1990 to 38 per 100,000 in 2001—a 124% increase. The death rate for African American women rose 69%.
- **Physical Activity:** In Tennessee, 75.2% of Hispanics and 71.2% of whites report that they participated in leisure time physical activity during the past month, compared with 62.4% of African Americans.
- **Cholesterol Screening:** In Tennessee, 73.0% of African Americans report having had their blood cholesterol checked, compared with 81.3% of whites.

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
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